

APPLICATION FOR CONDITIONAL USE PERMIT

City of Chilton, 42 School St., Chilton, WI 53014

Phone: (920)849-2451

\$200.00 Application Fee (Non-Refundable) - Resolution #1514

Receipt No. _____

Date Filed: _____

Property Owner's Name

Address

City

State

Zip Code

Phone No. _____

Current Zoning Of Property: _____

Address Or Tax I.D. No. Of Property

Requiring A Conditional Use Permit: _____

State The Nature Of The Request For A Conditional Use Permit:

ATTACH A PLAT OR OTHER MAP OF YOUR SITE AND DETAILED CONSTRUCTION PLANS

Property Owner's Signature

Date

Signature of Director of Public Works

Date

Signature of City Clerk

Date

For Office Use Only.

Application For Conditional Use Permit ☐ **Approved** ☐ **Denied** Date: _____